



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

Canc: Aug 2006
IN REPLY REFER TO
BUMEDNOTE 1050
BUMED-M09BCMC
19 Aug 2005

BUMED NOTICE 1050

From: Chief, Bureau of Medicine and Surgery
To: All BUMED Headquarters Military Staff

Subj: LEAVE AND LIBERTY POLICY FOR NAVY PERSONNEL

Ref: (a) MILPERSMAN 1050-090
(b) BUMEDINST 1050.3A
(c) DOD Directive 1327.5

Encl: (1) NAVCOMPT Form 3065

1. Purpose. To announce specific leave policy requirements for military staff assigned to BUMED Headquarters.

2. Cancellation. BUMEDNOTE 1050 of 24 May 2005.

3. Action

a. Effective immediately, all BUMED Headquarters military staff will re-familiarize themselves with references (a) through (c). In addition, all military personnel will:

(1) Record the leave control number assigned by Administrative Services (M09B11) in the "detail" portion of the Enterprise Knowledge Management (eKM) "Out of Office" section prior to departing on leave.

(2) Complete the Leave Request/Authorization form by utilizing the detailed instructions provided in enclosure (1).

b. Responsibility for monitoring the command leave policy is delegated to those authorized for approving leave.

4. Policy

a. When determining the leave day of departure and return, refer to the following:

(1) If leave starts on a work day and the hour for starting leave commences prior to the end of the normal work day, the day of departure is counted as a day of leave. If leave commences after the completion of normal working hours, the day of departure is a day of duty not charged as leave. If leave starts on a non-workday (Saturday, Sunday, and/or Holiday) the starting hour may be 0001.

(2) The hour for ending leave may not be later than the beginning of your normal work day if the day of return is to be counted as a day of duty. If leave ends after the commencement of normal working hours on a work day, then the day of return from leave shall be counted as a day of leave. If leave ends on a non-work day (Saturday, Sunday, and/or Holiday), the ending hour may be 2400.

(3) If the starting and ending days are both non-work days, one of the days will be charged as a day of leave, regardless of time of departure or return.

b. Leave papers submitted after individuals commence leave and/or return from leave without prior approval must be signed by the Chief of Staff (COS).

c. The term duty day and work day are defined as being the same for this policy guidance.

d. The immediate geographical area for BUMED Headquarters will encompass a 200-mile radius.

e. Members must be in the immediate geographic area of BUMED Headquarters when starting and ending leave.

f. Leave requests for 14 days or less, or special liberty for 3 days or less may be approved by the Code Chiefs. Requests for more than 14 days or 4-day special liberty must be approved by the COS.

g. Refer all questions to HMC(FMF) Macasiano at 762-3309.

5. Form. NAVCOMP Form 3065 (Rev. 2-83), Part 1 is available on Outlook under forms.



C. S. HUNTER
Chief of Staff

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<http://navymedicine.med.navy.mil/default.cfm?seltab=directives>

LEAVE REQUEST/AUTHORIZATION
NAVCOMPT FORM 3065 (3PT) (REV. 2-83)

INSTRUCTIONS FOR COMPLETING THIS FORM ARE
ON THE REVERSE OF PART 3.

SEE REVERSE FOR
PRIVACY ACT
STATEMENT

1. DATE OF REQUEST		2. FOR ADMIN. USE ONLY APPROVAL OF THIS LEAVE IS NOT VALID WITHOUT CONTROL NO.			LEAVE CONTROL NO.			
3. SSN		4. NAME (Last, First, MI)				5. PAYGRADE		
6. SHIP/STATION				7. DEPT/DIV	8. DUTY SECTION		9. DUTY PHONE	
10. TYPE LEAVE <input type="checkbox"/> REGULAR <input type="checkbox"/> SICK <input type="checkbox"/> EMERGENCY <input type="checkbox"/> SEPARATION <input type="checkbox"/> RETIREMENT <input type="checkbox"/> OTHER _____				FOR USE OUTUS ONLY		12. MODE OF TRAVEL <input type="checkbox"/> AIR <input type="checkbox"/> BUS <input type="checkbox"/> CAR <input type="checkbox"/> TRAIN		
				11a. Leaving Area of PERMDUTYSTA <input type="checkbox"/> YES <input type="checkbox"/> NO				
				11b. Taking Leave INCONUS <input type="checkbox"/> YES <input type="checkbox"/> NO				
13. DAYS REQUESTED		14. FROM (Hour, Date) (YYMMDD)		15. TO (Hour, Date) (YYMMDD)		16. NORMAL WORKING HOURS DAY OF DEPARTURE: FROM: TO: DAY OF RETURN: FROM: TO:		
17. LEAVE BALANCE DAYS AS OF		18. LEAVE USED THIS FY		19. LEAVE PHONE ()				
20. LEAVE ADDRESS								
21. RATION STATUS (Enlisted) <input type="checkbox"/> COMMUTED RATIONS (COMRATS) <input type="checkbox"/> Meal Pass No. Entitled to EDF meals except during periods of leave						22. SIGNATURE OF APPLICANT		

I CERTIFY THAT I HAVE SUFFICIENT FUNDS TO COVER THE COST OF ROUND TRIP TRAVEL. I UNDERSTAND THAT SHOULD ANY PORTION OF THIS LEAVE, IF APPROVED, RESULT IN MY TAKING MORE LEAVE THAN I CAN EARN ON MY CURRENT UNEXTENDED ENLISTMENT OR CURRENT ACTIVE DUTY OBLIGATION, MY PAY WILL BE CHECKED FOR SUCH EXCESS LEAVE.

RECOMMENDED <input type="checkbox"/> YES <input type="checkbox"/> NO				DATE	
<input type="checkbox"/> YES <input type="checkbox"/> NO				DATE	
<input type="checkbox"/> YES <input type="checkbox"/> NO				DATE	
<input type="checkbox"/> YES <input type="checkbox"/> NO				DATE	
23. APPROVED <input type="checkbox"/>		DISAPPROVED <input type="checkbox"/>		REVIEWING OFFICER'S NAME AND SIGNATURE	
				DATE	

24. COMMENTS/REMARKS

25. SHIP OR STATION (Including telegraphic address)	26. REPORT ON EXPIRATION OF LEAVE TO (If other than block 25)
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DEPARTED ON LEAVE		RETURNED FROM LEAVE		GRANTED EXTENSION OF LEAVE ENDING	
27a. HOUR	27b. DATE (YYMMDD)	28a. HOUR	28b. DATE (YYMMDD)	29a. HOUR	29b. DATE (YYMMDD)
27c. OOD'S SIGNATURE		28c. OOD'S SIGNATURE		29c. AUTHORIZING OFFICER'S SIGNATURE	

IN CONSIDERATION OF THE MEMBER'S COMPLETION OF A FULL WORKDAY (AS DEFINED IN MILPERSMAN, NAVPERS 15560) ON THE DAYS OF DEPARTURE AND RETURN, THE INCLUSIVE DAYS SHOWN ARE CORRECT AND PROPER FOR CHARGING AS LEAVE.

30. INCLUSIVE
LEAVE PERIOD
TO BE
CHARGED



FIRST: (YY) (MM) (DD)			LAST: (YY) (MM) (DD)			31. NO. OF DAYS
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I CERTIFY THAT THE ABOVE IS CORRECT AND PROPER TO THE BEST OF MY KNOWLEDGE.	32. CERTIFYING OFFICER'S TYPED NAME/RANK/TITLE	33. CERTIFYING OFFICER'S SIGNATURE
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FORWARD THIS COPY TO PERSONNEL OFFICE VIA COMMAND ONLY ON COMPLETION OF LEAVE.

S/N 0104-LF-703-0656

PART 1

LEAVE REQUEST/AUTHORIZATION

NAVCOMP FORM 3065 (3PT) (REV. 2-83)

INSTRUCTIONS FOR COMPLETING THIS FORM ARE
ON THE REVERSE OF PART 3.

SEE REVERSE FOR
PRIVACY ACT
STATEMENT

1. DATE OF REQUEST		2. FOR ADMIN. USE ONLY APPROVAL OF THIS LEAVE IS NOT VALID WITHOUT CONTROL NO.		LEAVE CONTROL NO.	
3. SSN		4. NAME (Last, First, MI)			5. PAYGRADE
6. SHIP/STATION		7. DEPT/DIV	8. DUTY SECTION	9. DUTY PHONE	
10. TYPE LEAVE <input type="checkbox"/> REGULAR <input type="checkbox"/> SICK <input type="checkbox"/> EMERGENCY <input type="checkbox"/> SEPARATION <input type="checkbox"/> RETIREMENT <input type="checkbox"/> OTHER		FOR USE OUTUS ONLY		12. MODE OF TRAVEL <input type="checkbox"/> AIR <input type="checkbox"/> BUS <input type="checkbox"/> CAR <input type="checkbox"/> TRAIN	
		11a. Leaving Area of PERMDUTYSTA <input type="checkbox"/> YES <input type="checkbox"/> NO			
		11b. Taking Leave INCONUS <input type="checkbox"/> YES <input type="checkbox"/> NO			
13. DAYS REQUESTED	14. FROM (Hour, Date) (YYMMDD)		15. TO (Hour, Date) (YYMMDD)		16. NORMAL WORKING HOURS DAY OF DEPARTURE: FROM: TO: DAY OF RETURN: FROM: TO:
17. LEAVE BALANCE DAYS AS OF	18. LEAVE USED THIS FY	19. LEAVE PHONE ()			
20. LEAVE ADDRESS					
I CERTIFY THAT I HAVE SUFFICIENT FUNDS TO COVER THE COST OF ROUND TRIP TRAVEL. I UNDERSTAND THAT SHOULD ANY PORTION OF THIS LEAVE, IF APPROVED, RESULT IN MY TAKING MORE LEAVE THAN I CAN EARN ON MY CURRENT UNEXTENDED ENLISTMENT OR CURRENT ACTIVE DUTY OBLIGATION, MY PAY WILL BE CHECKED FOR SUCH EXCESS LEAVE.					22. SIGNATURE OF APPLICANT
RECOMMENDED <input type="checkbox"/> YES <input type="checkbox"/> NO					DATE
<input type="checkbox"/> YES <input type="checkbox"/> NO					DATE
<input type="checkbox"/> YES <input type="checkbox"/> NO					DATE
<input type="checkbox"/> YES <input type="checkbox"/> NO					DATE
23. APPROVED	DISAPPROVED	REVIEWING OFFICER'S NAME AND SIGNATURE			DATE
<input type="checkbox"/>	<input type="checkbox"/>				
24. COMMENTS/REMARKS					
25. SHIP OR STATION (Including telegraphic address)				26. REPORT ON EXPIRATION OF LEAVE TO (If other than block 25)	
DEPARTED ON LEAVE		RETURNED FROM LEAVE		GRANTED EXTENSION OF LEAVE ENDING	
27a. HOUR	27b. DATE (YYMMDD)	28a. HOUR	28b. DATE (YYMMDD)	29a. HOUR	29b. DATE (YYMMDD)
27c. OOD'S SIGNATURE		28c. OOD'S SIGNATURE		29c. AUTHORIZING OFFICER'S SIGNATURE	
IN CONSIDERATION OF THE MEMBER'S COMPLETION OF A FULL WORKDAY (AS DEFINED IN MILPERSMAN, NAVPERS 15560) ON THE DAYS OF DEPARTURE AND RETURN, THE INCLUSIVE DAYS SHOWN ARE CORRECT AND PROPER FOR CHARGING AS LEAVE.		30. INCLUSIVE LEAVE PERIOD TO BE CHARGED		FIRST: (YY) (MM) (DD)	
				LAST: (YY) (MM) (DD)	
I CERTIFY THAT THE ABOVE IS CORRECT AND PROPER TO THE BEST OF MY KNOWLEDGE.		32. CERTIFYING OFFICER'S TYPED NAME/RANK/TITLE		33. CERTIFYING OFFICER'S SIGNATURE	

**ON APPROVAL: COMMAND/DEPT COPY
ON RETURN: FORWARD TO PERSONNEL OFFICE**

S/N 0104-LF-703-0656

PART 2